

United States Department of Justice
Office of the United States Attorney
Southern District of West Virginia

April 1998

Financial Statement of Debtor
(Submitted for Government Action on
Claims Due the United States)

NOTE: Use additional sheets where space on this
form is insufficient or continue on back of last page.

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; U.S. 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y, Fed. R. Civ. P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

PERSONAL IDENTIFICATION

1. Name (debtor) JAMES PERRY WOOLEY	2. Birth Date (mo. day yr.) [REDACTED] 35	3. Social Security No. [REDACTED] 8104
4. Other Names Used JIM WOOLEY	5. Driver's License No. Ky W92-025-910	
6. Home Address (Street, City, State & Zip Code) 1073 ROSE LANE LOUISA, Ky 41230		7. Home Phone (Area Code) 606-638-3033
8. Education <input type="checkbox"/> Less than 12 years <input type="checkbox"/> Vocational School <input checked="" type="checkbox"/> 4 Years of College <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Years of Post Graduate Degrees: BS - PHARMACY		

SPOUSE/COMPANION

9. Spouse's Name DOROTHY FAYE WOOLEY	10. Birth Date (mo. day yr.) [REDACTED] 54	11. Social Security No. [REDACTED] 6677
12. Spouse's Address (if different)	13. Driver's License No. C92-150-465 Ky	

DEPENDENTS

14. List all dependents who live with you:		
NAME	AGE	RELATIONSHIP
NONE		
15. List names and addresses of all dependents who do not live with you:		
NAME/ADDRESS	AGE	RELATIONSHIP
NONE		

16. List amount of monthly income received by dependents from any sources other than you or your spouse: \$ **NA**

17. Total amount of monthly income paid by you or your spouse to dependents listed in item 15 is: \$ **NA**

5755

Employee					SSN	Status (Fed/State)	Allowances/Extra
James P. Wooley, HC 67 Box 3025, Pilgrim, KY 41250					***-**-8104	Married/Withhold	Fed-0/0/KY-0/0
					Pay Period: 06/12/2011 - 06/18/2011		
					Pay Date: 06/20/2011		
Earnings and Hours	Qty	Rate	Current	YTD Amount			
salaries and wages	40:00	12.50	500.00	12,500.00			
Taxes			Current	YTD Amount			
Federal Withholding			-36.00	-900.00			
Social Security Employee			-21.00	-525.00			
Medicare Employee			-7.25	-181.25			
KY - Withholding			-22.96	-574.00			
			-87.21	-2,180.25			
Net Pay			412.79	10,319.75			

Strosnider dba Sav-Rite Pharmacy, #50 Lincoln Street P.O. box 600, Kermit, WV 25674 (304) 393-3386

5755

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Strosnider dba Sav-Rite Pharmacy, #50 Lincoln Street P.O. box 600, Kermit, WV 25674 (304) 393-3386

12:24 PM

06/16/11

Strosnider dba Sav-Rite Pharmacy
Payroll Summary
 June 13 - 16, 2011

James P Wooley			TOTAL		
Hours	Rate	Jun 13 - 16, ...	Hours	Rate	Jun 13 - 16, ...
Employee Wages, Taxes and Adjustme...					
Gross Pay					
salaries and wages	40	12.50	500.00	40.00	500.00
Total Gross Pay	40		500.00	40.00	500.00
Adjusted Gross Pay	40		500.00	40.00	500.00
Taxes Withheld					
Federal Withholding					-36.00
Medicare Employee					-7.25
Social Security Employee					-21.00
KY - Withholding					-22.96
Total Taxes Withheld					-87.21
Net Pay	40		412.79	40.00	412.79
Employer Taxes and Contributions					
Federal Unemployment					0.00
Medicare Company					7.25
Social Security Company					31.00
Total Employer Taxes and Contributions					38.25

18. Does spouse/companion receive alimony or child support from a previous marriage? If yes, amount:

\$ NA

DEBTOR EMPLOYMENT DATA

19. Occupation PHARMACIST 20. How Long in Present Employment? 10 YEARS

21. Present Employer's Name SAV-RITE PHARMACY 22. Phone No. (Area Code) 304-393-3386

23. Employer's Address (Street, City, State & Zip Code)
#50 LINCOLN STREET KERMIT, WV 25674

24. Other Employment - Within Last Three Years NA

Employer's Name	Address	Phone No.	Employment Dates

25. Do you own a business? Yes X No (If yes, answer questions 26 - 31). 2 BUSINESSES26. How long have you owned this business? APPROX. 10 YEARS STASNIOLA DRUG INC
WOOLLY AUTO SALES INC27. Percentage (%) ownership of business: 50% OF EACH BUSINESS 8
WOOLLY AUTO SALES INC - INITIAL STOCK - 584765.0028. Dollar Equity in this business: STASNIOLA DRUG - PURCHASABLE STOCK FOR 120000.00

29. Business Name 1) SAV RITE PHARMACY INC 30. Business Phone (Area Code) 1) 304-393-3386
2) WOOLLY AUTO SALES INC 2) 606-395-6300

31. Business Address (Street, City, State & Zip Code)
1) #50 LINCOLN STREET KERMIT, WV 25674 2) BOX 1589 RIVERFRONT RD LOVELY, KY 41231

SPOUSE/COMPANION EMPLOYMENT DATA

32. Occupation DISABILITY SOCIAL SECURITY 33. How Long in Present Employment? APPROX 2 YEARS

34. Present Employer's Name NOT EMPLOYED 35. Phone No. (Area Code) 606-638-3033

36. Employer's Address (Street, City, State & Zip Code)
"NA"

37. Other Employment - Within Last Three Years

Employer's Name	Address	Phone No.	Employment Dates
<u>SAV-RITE PHARMACY</u>	<u>#50 LINCOLN ST KERMIT, WV 25674</u>	<u>304-393-3386</u>	<u>2001 TO 8-31-09</u>

38. Does your spouse own a business?

Yes X No If yes, dollar equity in this business:

INCOME

NOTE: State monthly income; if income varies, add your income over the last 12 months and divide by 12.

39. Debtor's <u>take home</u> income from business: Note: Attach profit and loss statements and balance sheet for the last three years.	\$ <u>1651.16</u>
40. Debtor's <u>take home</u> income from employment: Note: Attach a copy of your most recent pay stub. SAME AS BUSINESS	\$ <u> </u>
41. Bonus/Commissions (averaged for the year):	\$ <u>0</u>
42. Spouse's take home income from employment/business (after subtracting all deductions/expenses):	\$ <u>0</u>
43. Net rental income (after subtracting all expenses, including mortgage payments):	\$ <u>0</u>
44. Interest income:	\$ <u>0</u>
45. Dividend income:	\$ <u>0</u>
46. Income from relatives:	\$ <u>0</u>
47. Alimony and child support received:	\$ <u>0</u>
48. Unemployment income:	\$ <u>0</u>
49. AFDC and/or Food Stamps:	\$ <u>0</u>
50. Pension, retirement, social security or profit-sharing plan income received now and anticipated to receive over the next 12 months: Date to begin receiving if in the future: <u> </u> SOCIAL SECURITY	\$ <u>1624.90</u>
51. Disability insurance income received (averaged for the year):	\$ <u>0</u>
52. Other monthly income, explain: SAV-RITE RECEIVABLE	\$ <u>2000.00</u>
SAV-RITE DISTRIBUTIONS ESTIMATE	\$ <u>2000.00</u>
53. TOTAL INCOME:	\$ <u> </u>

MONTHLY EXPENSES

NOTE: State monthly expenses; average over 12 months if necessary. Do not list any expenses paid by your business(es).

54. Rent / Mortgage:	\$ <u>1632.</u>
55. Property Taxes:	\$ <u>0.</u>
56. Mortgage on other properties:	\$ _____
List Addresses:	_____
_____	_____
_____	_____
57. Vehicle Payment(s):	\$ <u>0.</u>
List make, model & year:	_____
_____	_____
58. Gasoline:	\$ <u>600.</u>
59. Car Maintenance:	\$ <u>300.</u>
60. Home Maintenance:	\$ <u>600.</u>
61. Insurance:	\$ <u>2000.</u>
62. Dependant Support/Alimony:	\$ <u>0.</u>
63. Medical:	\$ <u>1500.</u>

64. Clothing:	\$ <u>400.</u>
65. Food:	\$ <u>800.</u>
66. Electricity:	\$ <u>400.</u>
67. Natural Gas:	\$ <u>150.</u>
68. Water/Sewage:	\$ <u>100.</u>
69. Telephone:	\$ <u>100.</u>
70. Cable TV:	\$ <u>250.</u>
71. Other Utilities:	\$ <u>25.</u>
Specify:	<u>GARBAGE</u>
_____	_____
72. Entertainment:	\$ <u>200.</u>
73. Gifts:	\$ <u>100.</u>
74. Other Expenses:	\$ <u>0.</u>
Detail:	_____
_____	_____
75. TOTAL EXPENSES:	\$ _____

TAXES

76. Did you file a Federal Tax Return last year? ☒ Yes ☐ No **EXTENSION TO 10-15-2011**

Joint ☒ Individual ☐ Amount of Gross Income reported: **\$ UNKNOWN AT PRESENT TIME**

Where filed: **WILL BE FILED BY EXTENDED DUE DATE**

77. Will you or did you receive a tax refund from Federal, State, City, County, or local government?

☐ Yes ☒ No If yes, list from whom and amount for each refund:

_____ Total Amount \$ _____

78. Do you owe delinquent taxes? ☐ Yes ☒ No If yes, list below years and amount due:

NOTE: Attach a copy of all Federal income tax returns filed for the last 3 years, both business & personal.

ASSETS

NOTE: Identify all assets wherever located, held by you individually, by you together with your spouse/companion or with any other person, and by your spouse individually. These assets include all assets held as joint tenants, as tenants in common, and as tenants by the entireties.

	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	CURRENT BALANCE
79. Personal Checking Accounts:	BBLT	[REDACTED]	\$ 81.34
	BANK OF MINGO	[REDACTED]	\$ 37.40
			\$
80. Personal Savings Accounts:			\$ 0
			\$
			\$
81. Certificate(s) of Deposit:			\$
			\$
82. IRA, KEOGH and/or other Retirement Accounts:			\$ 0
			\$
83. Other Personal Accounts (Describe):			\$ 0
			\$
			\$
84. Cash Surrender Value of Life Insurance:			\$ 0
			\$
85. Stocks, Bonds and/or Mutual Funds (Describe):			\$ 0
			\$
86. Other Personal Monetary Investments (Describe):			\$ 0
			\$
87. Business Checking Account:			\$ 20000.
88. Business Savings Account:			\$ 0
89. Business Real Property (Describe):			\$ 0
			\$ 0
90. Business Personal Property (Describe):	FURNITURE + FIXTURES + EQUIPMENT		\$ 20000.00
			\$

CURRENT

BALANCE

91. All Other Business Assets (Describe):	SAV RITE RECEIVABLES SAV RITE INVENTORY (COST) WOOLEY AUTO SALES INVENTORY WOOLEY AUTO SALES RECEIVABLES	\$ 140000.00 100000.00 175000.00 500000.00
92. Other Business Monetary Investments (Describe):	\$ FLOOR PLAN LIABILITY \$ UNCOLLECTABLE \$ MONTHLY EXPENSE CAR LOT	\$ 135000.00 \$ 150000.00 15000.00

93. Do you hold any safety deposit boxes? Yes ☐ No ☒ If yes, provide name of financial institution(s).

94. Do you own stock in any corporation, either closely held or publicly traded? Yes ☒ No ☐ If yes, identify type of stock and number of shares owned.

STROBNIDER DRUG LOW SAV-RITE 10 SHARES COMMON
WOOLEY AUTO SALES INC 200 SHARES COMMON

95. Are you an officer or director of any corporation? Yes ☒ No ☐ If yes, provide details.

PRESIDENT + VICE PRESIDENT SAV-RITE
PRESIDENT + VICE PRESIDENT WOOLEY AUTO SALES INC

96. Are you a partner in any partnership? Yes ☒ No ☐ If yes, provide details.

A PARTNERSHIP EXISTS BETWEEN GARFIELD HORN AND WOOLEY AUTO
SALES INC. RV ACCOUNT

97. Are you a party in any law suit now pending in which you might receive money or something of value? ☐ Yes - Provide Details ☒ No

98. Are you a Trustee, Executor, or Administrator under any will or testament, insurance policy, or trust agreement?

☐ Yes - Provide Details ☒ No

99. Is there any likelihood you will receive an inheritance or benefit from a trust or claim? ☐ Yes - Provide Details ☒ No

NOTE: Current Value is the price that you could expect to receive if you sold this asset today.

	CURRENT VALUE
100. Home: <u>100% owned By Spouse (Casualty Loss Replacement)</u>	\$ <u>400000.00</u>
101. All other real property including vacation or second home, investment property, and/or rental property. List type of property and addresses:	\$ <u>0</u>
	\$
	\$
102. Motor Vehicles and Motorcycles List Make, Model & Year: <u>2003 JAGUAR</u>	\$ <u>6500.00</u>
	\$
	\$
103. Boat:	\$ <u>0</u>
104. Total current value of personal assets, i.e., TVs, VCRs, computers, stereos, CD player, video camera, sporting goods, furniture, guns, jewelry, antiques, art objects, stamp collections, etc.:	\$

	AMOUNT
105. Money owed to you - List source: <u>WOOLLEY AUTO SALES - PERSONAL MONEY LOANED</u>	\$ <u>0</u>
<u>PROBABLY WILL NOT BE PAID. RECLASSIFY AS EQUITY</u>	\$ <u>1775671.</u>
	\$
106. Money, or other asset, held by someone else on your behalf, explain:	\$ <u>0</u>
107. Other money owed to you or your spouse, list source and reasons for debt:	\$ <u>0</u>
108. List any other assets of any kind not previously disclosed; describe:	\$ <u>0</u>
	\$

109. List all transfers of property including cash (*by loan, gift, sale, etc.*) that you and/or your spouse/companion have made within the last five years
(items of \$1000 or over):

Date	Amount	Property Transferred	To Whom
"NA"			

LIABILITIES

PAYMENTS	CURRENT BALANCE	MONTHLY
110. Mortgage loan; list mortgage company: <u>CITIZENS BANK (spouse's Home)</u>	\$ <u>205000.00</u>	\$ <u>1625.00</u>
111. Car loans; list creditor: _____ _____	\$ <u>0</u> _____	\$ <u>0</u> _____
112. Credit cards; list creditor & type of card (e.g. First Bank Visa): <u>SEARS VISA</u> _____ _____ _____ _____ _____	\$ <u>1345.00</u> _____ _____ _____ _____ _____	\$ _____ _____ _____ _____ _____
113. Other loans; list creditor & type of loan; _____ _____ _____ _____	\$ <u>0</u> _____ _____ _____	\$ _____ _____ _____ _____
114. Anticipated money owed in a pending judgment or claim; describe: _____ _____	\$ <u>UNKNOWN</u> _____	\$ _____ _____

115. List any other liabilities of any kind not previously disclosed; describe:		
<u>1/2 MORTGAGE SPOUSE'S HOME</u>	\$	\$ <u>100000.00</u>

LIABILITIES (Cont.)

116. Are your wages and/or those of your spouse under garnishment at this time? _____ Yes - Provide Details ☒ No

117. Are there outstanding unpaid judgments against you for any debts other than this one? _____ Yes - Provide Details ☒ No

118. Do you owe large medical bills? _____ Yes ☒ No If yes, give specific details and attach copies of the bills:

NOTE: The following is a summary of the additional documents required:

- a) Attach Profit & Loss Statements and Balance Sheets for the last 3 years for your business(es).
- b) Attach your most recent pay stub(s), if employed.
- c) Attach all tax returns for the last 3 years, both business and personal.

Please read carefully before signing.

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U.S. Department of Justice, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

DATE

6/30/11

SIGNATURE



PRINTED NAME

James P. Wooley